

Business Requirements

Pub. 100-04	Transmittal: 5	Date: October 10, 2003	Change Request 2929
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I. GENERAL INFORMATION

A. Background: Type of service (TOS) is an indicator that the carrier places on the Form CMS-1500 paper form or electronic format. The indicator is mainly used for data purposes. However, in some instances it affects payment. All HCPCS codes have a corresponding TOS indicator.

B. Policy: This transmittal is revised to include the crosswalk of 2004 HCPCS codes to national TOS indicators. Some changes have been made to previous existing HCPCS/TOS combinations.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
Chapter 26, Sec 10.7, Requirement #1	CWF shall recognize the new TOS changes included in chapter 10.	CWF
Chapter 26, Sec 10.7, Requirement #2	Carriers shall recognize the new TOS changes included in chapter 10.	Carriers

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. OTHER CHANGES

Citation	Change
N/A	

SCHEDULE, CONTACTS, AND FUNDING

Effective Date: January 1, 2004 Implementation Date: January 1, 2004 Post-Implementation Contact(s): Appropriate regional office	These instructions should be implemented within your current operating budget.
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